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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/580,046			Filing Date 28 February, 2007			☐ To be Mailed		
	Substitute	e for Form l with Form P	PTO-1360		Applicant(s) GAY, BRIAN						Page 1 of 1		
					* May be used for additional claims or amendm								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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13			1		1		63						
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49 50							99 100						
50 Total		<u> </u>	2		2		Total						
Indep							Indep						
Total				14		14	Total						
Depend			1	6		6	Depend						
Total Claims			16		16		Total Claims						

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